

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI**

Plaintiff-Appellant

v.

Civil Action No. _____

Defendant-Appellee

COMPLAINT FOR APPEAL OF A DECISION BY THE COMMISSIONER OF SOCIAL SECURITY

Plaintiff-Appellant hereby seeks judicial review of a final decision by the Defendant-Appellee Commissioner of Social Security and in support hereof makes the following representations and claims:

1. Plaintiff-Appellant's Social Security account number is _____
2. Plaintiff-Appellant is a resident of _____ , _____
City State
4. Plaintiff-Appellant complains of a decision by the Defendant-Appellee which adversely affects Plaintiff-Appellant in whole or in part. The decision has become the Defendant-Appellee's final decision for purposes of judicial review and bears the following style:

IN THE CASE OF

CLAIM FOR

Claimant

Wage Earner

Social Security Number

5. A copy of the Action of the Appeals Council is attached to this Complaint.
6. Plaintiff-Appellant has exhausted administrative remedies in this matter and this Court has jurisdiction for judicial review pursuant to 42 U.S.C. § 405(g).
7. Plaintiff-Appellant seeks judicial review by the United States District Court for the Northern District of Mississippi and the entry of a judgment for such relief as may be proper, including an award for the costs of this action.

Date: _____

Signature of Attorney or Plaintiff Pro Se

Attorney's Bar Number

Mailing Address for Attorney or Plaintiff Pro Se

Telephone Number
